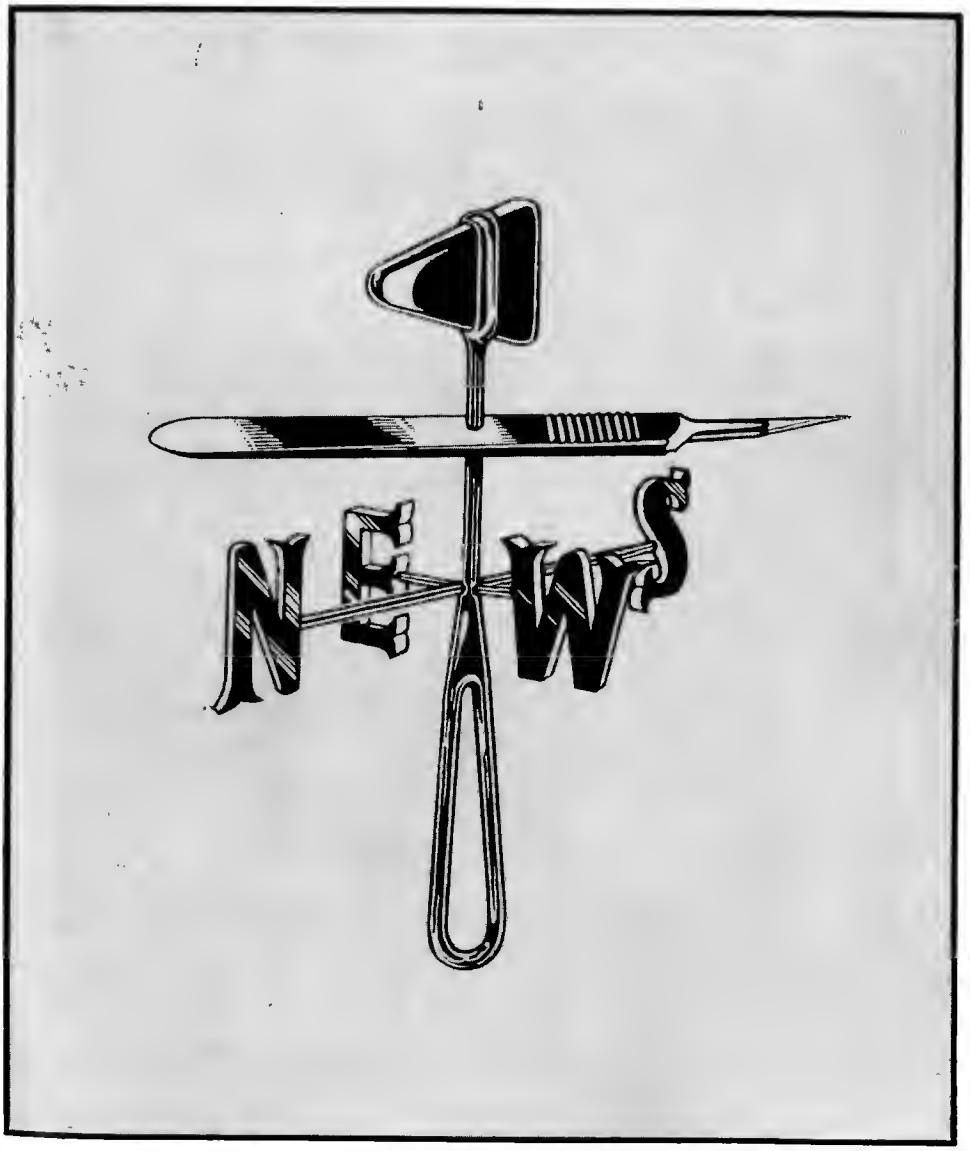
BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

Volume LII *Number 7*

OCTOBER, 1982



Officers and Council

1982 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1982

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 19	Mar. 16	May 18	Sept. 21	Nov. 16	Dec. 21

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From the Desk of the President

As your president, I have found that The Mahoning County Medical Society does many good and unheralded deeds. One of the better accomplishments is the increasing help which you are providing yearly to needy medical students through your foundation. This year, you have given $1,000 dollars to each of six students and we have fulfilled our desire to help our own medical school by giving half of the awards to NEUCOM students. Since these awards are loans, they self-perpetuate the subsequent help to those who will follow in our footsteps. We have had delightful letters of appreciation accompanying the re-payment of some loans. On one occasion, a recipient gave an extra amount for our fund.

One reason that the fund has grown is a plan instituted by Dr. Juan A. Ruiz who makes a small gift in the memory of each of his deceased patients. Our Executive Director sends a letter to the family of the deceased, identifying the contribution, donor, and stating that the gift will be AN ENDURING MEMORIAL by way of the trust fund which provides for loans to worthy medical students.

This plan grew out of the heartfelt generosity of its originator. There is a secondary aspect which we, as physicians, should not overlook. It is one of the best public relations vehicles which I have seen in a long time. In fact, the best public relations do come from our sincere and generous efforts. Others have joined Dr. Ruiz in this plan, and I would invite you to be one of this unusual group.

R. M. Kiskaddon, M.D.

BULLETIN
of the Mahoning County Medical Society

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Volume LII **OCTOBER, 1982** **Number 7**

Editorial

IT'S RED FEATHER TIME AGAIN

Doctors in Aliquippa, Pennsylvania recently seized the opportunity to help their community even when they were not requested to do so.

They donated $10,000 to a food fund established by the steelworkers union for laid-off employees whose benefits had ceased.

The physicians were remembering when, 25 years before, J & L had donated land for and workers had contributed money to the construction of a new hospital where doctors could send their patients for modern care. In addition to out-of-pocket contributions doctors also pledged to provide medical care for all who needed it even though they were unable to pay for services.

Now, it is again United Fund time. The drive goes on all this month. Many agencies receive support through the United Way. We may not agree with all of them, but much good is done by all of them.

There are those who will not donate to United Fund, using the excuse they cannot support some of the agencies. This is no problem. Each contributor can designate on the pledge card which of the agencies in the program are *not* to receive the help. In this way each is providing a vote of confidence in agencies which they wish to support.

In a time of turmoil and economic uncertainty we all can express our thanks for our good fortune while giving resounding backing to a good project.

Richard W. Juvancic, M.D.

PROCEEDINGS OF COUNCIL
Sept. 14, 1982

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, Sept. 14, 1982 at the Youngstown Club.

The meeting was called to order by Dr. Kiskaddon at 8:00 p.m. There was some discussion of actions being considered on the state level concerning phyical therapists and the impact of the action on Physiatrists. Dr. Pannozzo, a special guest, noted the need for contact with legislative personnel of OSMA to keep the regulations concerning physical therapists at a reasonable state. It was advised that contact be made with the OSMA legislative staff in Columbus.

Dr. Kiskaddon made note of the fact that Dr. J. J. Anderson has been appointed by the OSMA Council to fill the post of Sixth District Councilor that was vacated by the resignation of Dr. Joseph Yut. Dr. Anderson reported on his first OSMA Council session as the district councilor. He noted the pending FTC legislation was cited as the most important federal legislation being considered this year.

Dr. Kiskaddon reported on a contact with the Mahoning County Bar Association's Medical-Legal Committee and a request for a joint meeting. No action was taken.

The minutes of the previous meeting, having been read, were approved.

The bills were read and a motion made, seconded and passed to pay each bill.

The treasurer's report listed the names of five members who have not paid their 1982 dues. Because suspension for non-payment of dues cannot take place for one year after January 1 of each calendar year, Council suggested the by-laws be amended to make June 30 the date for suspension for non-payment of dues and the executive director was instructed to draw up a proposed amendment for presentation at the next Council meeting. The treasurer reported billing for 1983 dues will commence October 1.

A communication from the Department of Health and Human Services gave notice of the assignment of Dr. Alfred Neptune to the East Comprehensive Health Center in Youngstown.

A communication was received from Dr. Murrill Szucs delineating all the activities in which he is engaged in Akron.

An offer of a free program by PICO representatives was presented to the Council and, after being discussed, was turned down.

A communication was read from OSMA President Dr. Ford concerning Advance Plan.

A communication from AMA Society Relations Department announced the appointment of Steve Ellwing as our area contact.

A letter seeking support for the Children's Services Tax Levy was discussed. A motion was made, seconded and passed that Council support the tax levy in principle and that the executive director send a letter to the Chairman of the Board of Children Services, so stating.

Dr. Kiskaddon reported the nominating committee will be: Dr. R. M. Kiskaddon, Dr. D. J. Dallis, Dr. T. T. Deramo, Dr. N. A. Jaffer, Dr. A. DiDomenico, Dr. P. B. Cestone.

Reports were presented by the Mahoning County Medical Society Foundation, the insurance committee, the Medical Assistants Dinner committee, Canfield Fair committee, Delegate to the AMA House of Delegates Dr. Jack Schreiber, the executive director concerning requests for legislative support, and the committee for medically indigent. A motion was made, seconded and passed that the Council support the efforts and activities of the committee for the medically indigent.

Under unfinished business, a discussion was held concerning the sup-

port of the Council for the principle of having physicians charge interest or carrying charges on past due accounts. The council decided to take no action on this matter and hold no further discussions.

Under new business, it was noted the nominating committee will meet Sept. 23 to select a slate of officers for the 1983 year.

The next meeting of the Society was announced as Sept. 21 at Mr. Anthony's to include the first ever Harvey Lectureship with Dr. Nanette Wenger as the speaker.

The Medical Assistants Dinner was announced for Oct. 7 at Mr. Anthony's and all physicians were urged to send their office personnel.

The next meeting of Council will be Oct. 12 at 6:30 p.m.

The meeting adjourned at 9:20 p.m.

Robert B. Blake
Executive Director

DR. LEVY GETS HIGH HONOR

Dr. David H. Levy, a member of the Council of the Mahoning County Medical Society and a member of the staff of St. Elizabeth Hospital Medical Center, has been named Family Physician of the Year by the Ohio Academy of Family Physicians.

Dr. Levy was given the recognition for his dedication and service to his community and his diligent pursuit of the principles of family practice. He is president of the Mahoning-Trumbull County Chapter of the Academy and a diplomate of the American Board of Family Practice. Since January he has been clinical director of employee health services at St. Elizabeth's.

YHA CME CALENDAR

October 14, 1982 8:00 a.m. Tod I. Pediatric Grand Rounds. Cat. I one hour.

October 14, 1982 8:00 a.m. Hitchcock. Medical Grand Rounds. Panel "Gastric and Duodenal Ulcers" - Drs. D. Brown, A. Ghani, G. Butcher, Cat. I and Presc. (pending) one hour.

October 16, 1982 8:00 a.m. Hitchcock. Tumor Conference. "Uterine CA" plus second case. Dr. Juvancic, Moderator. Cat. I and presc. one hour.

October 21, 1982 8:00 - 4:00 p.m. Hitchcock. Diabetes Seminar. Cat. I and presc. 5.5 hours.

October 23, 1982 8:00 a.m. Hitchcock. Tumor Conference. "Screening For Cancer" plus second case. Dr. B. Katz, Moderator. Cat. I and presc. one hour.

October 28, 1982 8:00 a.m. Hitchcock. Medical Grand Rounds. "Prostatic Diseases." Dr. R. Hoffmaster. Cat. I and presc. (pending) one hour.

October 30, 1982 8:00 am. Hitchcock. Tumor Conference. "Cancer of the Bilary Tract" plus second case. Dr. N. Khanna, Moderator. Cat. I and presc. one hour.

November 4, 1982 8:00 a.m. Hitchcock. All-Divisions V.P. Pathology — Cat. I and presc. (pending) one hour.

November 6, 1982 8:00 a.m. Hitchcock. Tumor Conference. "Surgical Approach to Testicular Cancer" and second case. Dr. G. Bitonte, Moderator plus visiting professor. Cat. I and presc. two hours.

November 13, 1982 8:00 a.m. Y.S.U. - YHA's Cancer Symposium. "Unsolved Cases in Cancer Management." Four visiting professors. Cat. I and presc. four hours.

OSMA GROUP PROFESSIONAL LIABILITY COVERAGE

As Announced At The OSMA Annual Meeting

- Lower Premiums
  Made possible by the administrative savings of a group policy
- Profit Sharing
  The group shares in any profits, after expenses and claims, on a continuing and contractual basis
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  Excess coverage will be written separately by PICO, through authorized independent insurance agencies

The OSMA has contracted with PICO for this innovative, exciting concept in professional liability insurance protection... a concept that means OSMA members will be paying absolutely appropriate premiums for this vital coverage. Affordability *and* stability, with the OSMA Group Professional Liability Insurance Plan. Available *only* to OSMA members.

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MEDICAL ASSOCIATION
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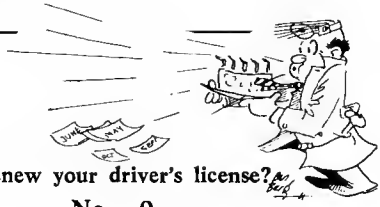
Columbus, Ohio 43215
(614) 228-6971

The OSMA Group Professional Liability Insurance Plan is underwritten by Physicians Insurance Company of Ohio, Bates Drive, P.O. Box 281, Pickerington, Ohio 43147. Telephone toll free, 1-800-282-7515.

HAPPY BIRTHDAY



Get your annual check-up • Is it time to renew your driver's license?

Oct. 17
J. Malkoff

Oct. 18
C. A. Sarantopoulos

Oct. 19
L. C. Zeller

Oct. 23
V. A. Raval

Oct. 25
P. L. Jones

Oct. 27
L. N. Harichand

Oct. 28
I. H. Chevlen
M. M. Szucs

No. 2
R. A. Abdu

Nov. 3
D. R. Brody
R. J. Brocker

Nov. 4
R. A. Hernandez
K. J. Hovanic

Nov. 5
V. D. Lepore

Nov. 6
L. O. Gregg

Nov. 8
R. H. Wetzel

Nov. 9
J. B. Birch

Nov. 10
N. K. Badjatia
J. C. Melnick

Nov. 13
Mah. Cty. Med. Soc.

Nov. 14
G. Nagpaul
D. E. Pichette

Nov. 15
J. S. Gregori
R. W. Juvancic
J. P. Kalfas

CME AT ST. ELIZABETH HOSPITAL MEDICAL CENTER

FAMILY MEDICINE GRAND ROUNDS

OCT. 22 — CARDIOLOGY "The Long-term Management of the Post Myocardial Infarction Patient" James Shaver, M.D. Professor, Division of Cardiology, University of Pittsburg.

OCT. 29 — ORAL MEDICINE "Temporal Mandibular Dysfunction and Facial Pain" W. R. Wallace, D.D.S., Professor & Chairman of Department of Oral Surgery; Dean, College of Dentistry, Ohio State University College of Dentistry.

NOV. 5 — INFECTIOUS DISEASE "Infectious Complications of the Patient with Diabetes Mellitus" James S. Tan, M.D. Professor of Internal Medicine, NEOUCOM, Chairman of Department of Medicine, Akron City Hospital, ELI LILLY Visiting Fellow.

NOV. 12 — RHEUMATOLOGY "Newer Advancements in the Treatment of Arthritis" Gary V. Gordon, M.D., Assistant Professor of Medicine, U. of Pa. School of Medicine; a PFIZER Laboratories Visiting Fellow.

NOV. 19 — INFECTIOUS DISEASE "A Review of Histoplasma Infections for the Primary Care Physician" Robert H. Alford, M.D., Chief of Infectious Disease Unit, VA Hospital, Nashville, Tenn.

SYMPOSIUM SERIES:

OCT. 14 — SURGICAL IMMUNOLOGY, Glenn Geelhoed, M.D., 9 a.m. through 12:15 p.m.

NOV. 4 — FOURTH ANNUAL CANCER SYMPOSIUM - INFECTION IN THE COMPROMISED HOST - S. K. Garg, M.D.; Sister Susan Schorsten, H.M.; Gerald L. Mandell, M.D.; Donald Armstrong, M.D.; Carol A. Kauffman, M.D.; Raphael Dolin, M.D.; Walter Hughes, M.D.; Audrey Tuttolomondo, R.D.; C. Watanakunakorn, M.D., moderator.

NOV. 11 — USE OF ANTIBIOTICS IN THE SURGICAL PATIENT, Jerome J. Schentag, Pharm. D.; Gary L. Simon, M.D.; C. Watanakunakorn, moderator.

FETAL CARDIOLOGY

"This observation reminds us of one by M. Mayor, the clever Geneva surgeon which seems very interesting to us, in his report on the arts of accouchement. He has discovered that you can recognize with certainty if an infant is alive when term is near, by applying the ear to the mother's belly; if the child is alive you can hear quite clearly the beats of its heart and you can easily distinguish them from the mother's pulse."
Dr. Lenuce's (Laennec) Treatise on ascultation (1818)

Interest in fetal cardiology has been heightened in recent years by advances in electronic fetal monitoring and ultrasound. New knowledge of fetal arrhythmias and cardiac malformations have resulted from increased use of these modalities. Fledgling attempts at intrauterine therapy have been reported. Appreciation of these advances will assist the physician in progression from ascultation as described by Laennec to utilization of these modern techniques.

A variety of fetal cardiac arrhythmias have been described. The arrhythmias can be classified into sinus node disorders, supraventricular tachycardias, ventricular arrhythmias and heart block.

Sinus node disorders include sinus tachycardia, bradycardia, sinus arrythmia and S-A block. Heart rate over 180 beats per minute are defined as tachycardia and under 100 beats as bradycardia. Each arrhythmia may be continuous or intermittent. In both instances, electrocardiogram will demonstrate normal P wave and normal conduction. They may occur in response to various stimuli including among others biochemical, infections (with fever) or drug induced.

The etiology should be determined and correction undertaken. Fetal blood pH should be determined to assist in distinguishing arrhythmia from fetal distress. Operative intervention should be performed only for obstetrical indications.

Sinus arrhythmias is physiologic and may be influenced by fetal sleep or drugs given to the mother. Their effect will be apparent as decreased variability on the fetal monitor.

Sino-atrial (S-A) block occurs in response to severe umbilical cord compression or head compression. The fetal heart rate will drop severely. There will be decreased amplitude of P waves in the electrocardiogram. The inhibition of S-A node is probably a result of strong parasympathetic action at sinus node. The arrest will be followed by occasional "escape beats" which are life-saving and persist until normal sinus mechanism resumes.

Supraventricular arrhythmias include premature systoles, tachycardia and atrial fibrillation or flutter. The origin of supraventricular premature systoles can be recognized by the presence of a premature P wave, with a different configuration from the sinus P wave and a normal appearing QRS complex. They occur in 3% to 10% of pregnancies. It is generally agreed that they are harmless and carry an excellent prognosis. They may persist into the immediate neonatal period. Infrequently, supraventricular premature systoles may present as trigeminy or bigeminy, but their significance is not altered.

Supraventricular tachycardia may be diagnosed when the fetal heart rate exceeds 180 beats per minute and P waves precede each QRS complex and the R-R interval is fixed. It may be intermittent or continuous. It can persist for extended periods during pregnancy and seems to be better tolerated by the fetus than the newborn. Congenital heart disease is present in 5% to 10% of cases. Successful treatment has been reported with maternal digitalization. Digitalis crosses the placenta readily and fetal levels equal or exceed maternal levels of the drug. Delivery may be appropriate in management of this condition. The major risk to the neonate is congestive heart failure.

Atrial fibrillation or flutter in utero have been reported. The atrial rate will generally exceed 300 beats per minute. The electrocardiogram will demonstrate regularly recurring atrial activity replacing P waves (atrial flutter)

or low amplitude irregular atrial activity with complexes of varying size (atrial fibrillation). Ventricular rate will vary greatly depending on the degree of A-V block. The arrythmias can produce fetal hydrops. The infant should be delivered. No cases of intrauterine therapy have been reported.

Ventricular arrhythmias include premature ventricular systoles and ventricular tachycardia. Premature ventricular systoles may be diagnosed when the following changes occur on the electrocardiagram: premature systole, absent preceding P wave and widened abnormal QRS complex. When they are unaccompanied by other arrhythmias, no cases of congenital heart disease has been reported. It is a benign arrhythmia and no therapy is necessary.

Ventricular tachycardia may be diagnosed when three or more consecutive premature ventricular systoles occur. There are too few cases reported to generalize about its significance.

Congenital heart block generally signifies a third degree or complete A-V block. It occurs one in 20,000 live births and recently has been associated with connective tissue disease in the mother. There is a complete lack of conduction of atrial depolarization to the ventricles. The fetal heart rate may be as low as 20 per minute, but usually is in the range of 50 to 70 per minute. It is accompanied by structural lesions in 40% of cases. The prognosis worsens with the association of structural heart disease with the heart block. Infants with congenital heart block and structural heart disease had a mortality of 29%; those infants without heart disease had a mortality of 7.9%. In addition, prognosis is poor with cardiac enlargement or with great discrepancies in atrial tachycardia and ventricular bradycardia.

Careful prolonged ascultation of the fetal heart will permit detection of abnormalities in rate or rhythm. Fetal electrocardiogram from the maternal abdomen may be useful. Its value is limited since P waves may be extremely small and at the end of the second trimester, QRS complexes become small for a period of two to four weeks. Nevertheless, abnormal fetal heart rate can be confirmed and the duration of QRS complex calculated. Prolonged fetal QRS are indicative of abnormal ventricular conduction.

The doppler signal of the fetal heart can be recorded and analyzed for atrial and ventricular movement. Differences in the activities of these chambers can be detected and will be useful in describing fetal cardiac arrhythmias.

Employment of a scalp electrode during labor will provide the complete fetal electrocardiogram. The output from the electrode is coupled to a direct electrocardiographic recorder. Exact definition of the arrhythmia can be made and most importantly, fetal distress can be excluded.

Ultrasonic modalities in the form of M-mode or real-time two-dimensional imaging can provide information to accurately diagnose rhythm disturbances in utero and congenital cardiac malformations. Because the fetal heart is surrounded by fluid-filled and airless lungs, which do not obstruct ultrasound, the heart is visualized in planes unobtainable in the neonate.

The anatomy thus displayed is different from that obtained with standard neonatal echocardiographic views, and requires particular care to avoid misinterpretation.

The technique should not be employed in routine screening but should be reserved for a population at high risk for structural or functional heart disease. Included in this group would be the offspring of parents who either have congenital heart disease or cardiomyopathy or who have had children with congenital heart disease or genetically determined cardiomyopathies, as well as situations where the risk of congenital heart disease is increased such as maternal diabetes, collagen vacular disease, drug ingestion, and nonimmunologic hydrops.

The future is rapidly expanding the area of fetal cardiology and the development of innovative diagnostic procedures must be followed by meaningful management of detected conditions.

Richard Bernstine, M.D.

TREATMENT OF DIABETES BY WITHHOLDING POTASSIUM-LOSING DIURETICS

It is a footnoteworthy fact that diuretics can worsen glucose tolerance. The '81 edition of "Endocrinology and Metabolism" by Felig et. al. mentions diuretics as one of the many causes of "secondary diabetes", stating that secondary diabetes comprises less than 10 per cent of all cases. While suggesting that certain drugs, including diuretics, should be withheld prior to performing the GTT, the author says nothing about the use of diuretics under the chapter on treatment. The 1982 edition of "Current Therapy" does not discuss the use of diuretics in the approach to the diabetic patient. The 1975 edition of "Diabetes (a text published by the A.D.A.) mentions diuretics among drugs that complicate the management of diabetes in a "less well documented or pronounced fashion." Indeed, the known action of diuretics in elevating plasma glucose is thought to be a minor factor of little practical importance and many clinicians are therefore unaware of this fact.

Recent experience in my office involving five male patients indicates that discontinuing diuretics can have a crucial role in the regulation of diabetes, a prescription that equals the importance of carbohydrate balance and weight control. In this series of patients, blood sugars have been vastly improved or normalized by the elimination of diuretics.

The Cases:

Case #1: 69 year old on Dyazide and Corgard was found to have a FBS of 148, repeated at 151, one month later, stopped Dyazide (his request). Two weeks later, FBS 95. Weight, diet unchanged (never agreed that his diet needed adjustment).

Case #2: 46 year old who had had FBS of 132 and 107 in '76. 8/81 placed on Zarozolyn 2.5 mg. Q.D. for hypertension. Presented 11/81 with 8 lb. wt. loss, nocturia, polydypsia, and random BS of 469. Wife recalled that the onset of symptoms began with Zaroxolyn. Diuretic discontinued. Tenormin begun. Low sodium diabetic diet begun. 12/81 4pm PPBS 167, FBS 113. Asymptomatic, B.P. normal on beta blocker and diet.

Case #3: 64 year old man with random BS of 248 and 185, while in hospital for Endarterectomy. (Diagnosis of diabetes not made at this time either because surgeon did not recognize, or attributed test abnormality to IV's or post-op stress.) 5/81 Hypertension diagnosed, started on HCTZ 50 mg Q.D. FBS 184, 181. Started on diabetic diet and urged to quit daily habit of 2 to 3 cocktails (refused the latter). Three months later, despite an 11 pound wt. loss, FBS 163. By 12/81, FBS 203. Diuretic was discontinued and he was placed on Tenormin. Two weeks later, FBS 118, despite consuming 12 oz. of wine the night before at a birthday celebration. 1/82 2 hr PPBS 123.

Case #4: 39 year old man diagnosed as hypertensive 11/72 and Diuril started. Four years later found to have FBS of 266, wt. was 208. Started on Orinase. 5/77 weight down to 162. Both Diuril and Orinase were stopped. 11/78, weight 180; 2 hour PPBS 70, but B/P higher and Diuril restarted. 10/79 2 hour PPBS 140. On 12/81, weight 209, FBS 242. Substituted Tenormin for Diuril. Eight days later, 3½ hr. PPBS 95. Subsequent B.S. in 1982 as weight has dropped from 209 to 182: 91, 99, 101, 95, 112 (last two were 2 hr. PPBS).

Case #5: 50 year old man placed on Aldoril 25 in 8/73. 3/76 diabetes diagnosed. Placed on Diabenese. After 7/77, Insulin used briefly following M.I. 12/77, on Hygroton and Aldomet. 5/81 2 hr. PPBS 363; Diabenese doubled to maximum dose. 6/81 2 hr. PPBS 213, weight unchanged. Lost to followup for 12 months. 7/82 ran out of Hygroton. 8/82 presented for refill. 2 hr. PPBS was 117, weight unchanged. Told to stay off diuretic. Follow-up pending.

The recent availability of several cardioselective Beta blockers has made it possible in the past year to change my basic treatment plan for hyper-

tension by substituting a Beta blocker for a diuretic when it fails to work alone instead of adding to the diuretic in the traditional way. The water soluable Beta blockers do not well penetrate the blood-brain barrier and seem to cause less sedation and fatigue and do work alone in three fourths of the patients. In addition, with a Beta blocker alone there is no more Iatrogenic Hypokalemia and Hyperuricemia. With a simpler regimen, compliance can be improved. In diabetics on Insulin or oral agents who might be subject to Hypoglycemia, the cardioselective drugs are thought not to inhibit the compensatory adrenergic release of hepatic glucose or mask the outward signs of Hypoglycemia such as tremor, a potentially crucial consideration.

I really have a need to obtain more case histories and then develop some prospective data documenting the effects of adding and subtracting diuretics to these patients. Based on my impression that the above cases are not merely a small fraction of my total diabetic practice. I think this topic deserves further research. I would wonder how many other clinicians have noted an unusual association between diabetes and diuretic-treated hypertensives. I would invite others to share their experiences with me.

Robert Sinsheimer, M.D.

OMIM HAS 'ADVANCE PLAN'

Ohio Medical Indemnity Mutual Corporation, the Blue Shield Plan located in Worthington and represented locally by Jim Opeka, has introduced a participating agreement plan called Advance Plan.

Through Advance Plan, physicians agree to accept OMIM's reimbursement as payment-in-full for services covered, at the 100 percent UCR level.

The following elements are key to OMIM's Advance Plan:

1. Physicians agree to accept Blue Shield's reimbursement as payment in full for basic contract services covered at the 100 percent UCR level.
2. Although Advance Plan physicians agree to accept the UCR reimbursement as full payment, they may still decide when to adjust their own fee schedules.
3. Physicians will automatically receive direct payment from OMIM if they are signed up with the Advance Plan. Non-Advance Plan physicians will receive their reimbursement from their patients because OMIM will not remit direct to non-participating physicians.
4. Participating physicians will receive weekly batched checks.
5. There is an option of electronic funds transfer for participating physicians.

Other information concerning Advance Plan is available by contacting the local OMIM representative.

OLD TIMER DECLARES

The most careless and dangerous order a doctor can write on a patient's chart is "four hours. p.r.n." Such an order is usually for relief of pain. The Chief service that doctors are called upon to render is the relief of pain. Not all pain-relieving drugs last four hours. It has been OLD TIMERS experience to have pain medication wear off in three hours and to be told by the nurse that they will have to wait another hour because the time is not up. One hour seems interminable when one is in pain.

Old Professor Solemon Solis-Cohen at Jefferson used to impress on his students that the dose of medicine is "enough (and not too much)".

The doctor writes a p.r.n. in whose opinion? In whose judgment- Doctors and nurses endure pain with great fortitude when it is not their own.

It would be better to write "on demand" or "on complaint of pain."

Doctors and nurses should be patients more often!

J. L. F.

DIABETES SYMPOSIUM IS SET

The Seventh Annual Diabetes Symposium, sponsored by the American Diabetes Association, Youngstown Hospital Association and St. Elizabeth Hospital Medical Center, will be held from 8:30 a.m. through 4 p.m. Oct. 21 in Hitchcock Auditorium at South Side Hospital. The welcome will be given by Ravinder Nath, M.D. and the moderator will be Suman K. Mishr, M.D. Faculty for the symposium is Zachary Freeman, M.D. of University of Rochester School of Medicine; Sally Kaiser, R.N. staff nurse at Trumbull Memorial Hospital; Thomas D'Dorisio, M.D. associate professor of medicine, OSU College of Medicine; Manuel Tzagournis, M.D. Acting Vice President for Health Services at OSU College of Medicine; and Louis Vignati, Director of Fellowship Training Program at Joslin Clinic, Boston.

The symposium is supported by grants from: Pfizer Laboratories, Eli Lilly & Co., Novo Laboratories, Upjohn, Youngstown Hospital Association and St. Elizabeth Hospital Medical Center.

Classified Advertising

HOUSE FOR SALE

Liberty Township - Architect designed, unusual brick ranch-style home with large foyer, family room, den, master bedroom on first floor, two bedrooms on balconied second floor. 4½ baths. This quality home is on a large wooded lot, in a select location just one mile from hospital, country club and swim club. Was custom built for gracious, spacious and convenient living. This is the ideal home for the discriminating doctor. Present owner is retiring. Call 759-7931.

OSU FOOTBALL

Ardent Buckeye football fan wishes to buy a pair of tickets for early autumn game.

Howard Rempes - 758-8786

EQUIPMENT FOR SALE

Office Equipment for Family Practice and Pediatrics for Sale: New gynecological examining table, new pediatric examining table with built-in scale, flat examining table, new E.K.G. sterilizer, two medical cabinets, refrigerator, centrifuge, legal files, chairs for waiting room, two desks, plus various instruments. Also velvet sofa bed, 3 velvet chairs, 2 cocktail tables, end tables, stereo and color TV. Call Dr. Bohmila Slabochova, 793-9543. 25 N. Canfield-Niles Rd., Office #30, Austintown.

YOURS FOR THE TAKING

Office Model Ultra Violet lamp, complete. Used for treatment of skin disorders. Owned by practicing physician. Located at 4141 Sampson Road, phone 759-0744. (Professionals Only)

HOUSE FOR SALE

Indian Trail, Poland, 2½ acres wooded area, abutting Poland Park. Georgian Style. 4 years old with heated pool, 4-car heated garage, 5 bedrooms with 3½ baths. Five minutes from I-680. Asking $395,000. Call Dr. William B. Rich at 755-3233.

OFFICE SPACE

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From the Bulletin

FIFTY YEARS AGO — OCTOBER 1932

From the Journal of the A.M.A.: "The hospitals of the Country are suffering because of the lack of occupancy of many beds. Some private hospitals are less than half occupied. A general average would indicate 40% empty beds in most institutions. The situation today is a serious one."

The Sixth Councilor District held a big meeting in Youngstown that month. The program was given by five local men: John Heberding, E. C. Baker, S. J. Tamarkin, O. D. Hudnut and M. H. Bachman. There were two speakers from out of town: Roy W. Scott from Western Reserve and Thomas McCrae from Jefferson. Those days it took only one or two big names to draw a large attendance.

Dr. Wm. P. Young became a member of the Society.

FORTY YEARS AGO — OCTOBER 1942

President Walter Stewart wrote his last page for the *Bulletin* and said his farewells before leaving for duty with the U.S. Public Health Service. President-Elect W. H. Evans could not take over, having received orders for active duty in the U.S. Navy. Council was in a quandary but it met and solved the dilemma by appointing the Senior Censor, William Skipp acting President. Dr. Stewart died the following spring while on duty at the Plum Brook Ordnance Plant at Sandusky. Dr. Evans returned three years later after distinguished service in the South Pacific but he never got to serve his term as President.

More doctors left for service with the armed forces: Capt. Jos. Colla, Lt. J. B. Kupec, Capt. L. W. Weller, Lt. Comdr. M. B. Goldstein and Major R. E. Odom. Others were writing back from outlandish places such as Trinidad (Herman Zeve), Ozark, Ala. (Ray Hall), Corvallis, Oregon (Hap Hathhorn) and Pearl Harbor (Joe Keogh). Their degree of comfort varied from the Plaza Hotel at Colorado Springs (Kupec) to a tent on an island, with a dirt floor and candles for light (DeCicco). S. J. Klatman was an Army Surgeon serving on a Navy ship somewhere in the Aleutians. Headquarters lost track of him completely and he was nearly court martialed for being A.W.O.L.

THIRTY YEARS AGO — OCTOBER 1952

Post-Graduate Day again at the Pick-Ohio with a group from the Mayo Clinic on the program. As usual, it rained but attendance was good and the reports enthusiastic.

The new Heaelth Exhibit at the Canfield Fair attracted 63,000 visitors. Dr. M. M. Szucs was chairman and everybody worked, including the Auxiliary. The success of the exhibit caused President Gustafson to hope for even greater Participation in future Fairs.

David Levy was President of the Academy of General Practice. James Smeltzer opened his office on Lincoln Avenue for practice of Internal Medicine. New members that month were Patrick B. Cestone, Harry A. Smith, Frank W. Morrison and Robert W. Parry.

TWENTY YEARS AGO — OCTOBER 1962

The Canfield Fair exhibit had grown to huge proportions. Not only the Medical Society but the Corydon-Palmer Dental Society, both hospitals, the Academy of General Practice, the Society for the Blind, the Safety Council, the Eastern Ohio Pharmaceutical Association and many others crowded the big tent.

Guy Lombardo and his Royal Canadians played for 900 guests at the St. Elizabeth's Charity Ball at Idora Park. Marvin Itts was chairman for the event, then in its third year.

Arthur Rappoport addressed the Association of Chemical Pathologists of Great Britain on "Planning and Design of Hospital Laboratories."

Sidney Keyes and Harold Chevlen moved into their new Keylen Building on Gypsy Lane and became associated in the practice of Family Medicine.

Leonard Caccamo was named "Man of the Year" by the National Association of Wolves. The award was given for outstanding contributions in the medical field.

TEN YEARS AGO — OCTOBER 1972

The 1972 Canfield Fair marked the 21st year of participation of the Mahoning County Medical Society. This was the second year for the new Medical-Health building, and to celebrate the Centennial Year, the Society exhibited an 1872 doctor's office, side by side to a 1972 doctor's office. There were twenty-three health organizations represented and an estimated 90,000 persons viewed the exhibits.

President Henry Holden was beating the drum for 100% participation by all the members in the "Grand Finale" Centennial celebration at Powers Auditorium on November 4. His goal was to raise $20,000 for contribution to the Arts. Youngstown-born actress, Elizabeth Hartman, was coming to appear in a short play to be presented at the Playhouse.

Editor John Melnick did a thorough and very entertaining review of the history of the *"Bulletin"*, born in 1931. Dr. J. L. Fisher was the original editor and was still writing regular articles every month. His pen name was S. Q. Laypius and he also originated the "Ten, Twenty, Thirty Years Ago" column.

The Society mourned the loss of Dr. Howard E. "Matt" Mathay who died on September 26, 1972, at the age of 67. He was made Medical Chief of U.S. Steel in 1961, after leaving an active family practice in Girard.

New members that month were: Dr. Narciso C. Domingo, Dr. Norma Hazelbaker, Dr. Chander M. Kohli, Dr. Nicholas Pappas, and Dr. V. G. Raghavan.

Robert R. Fisher, M.D.

A STATEMENT WORTH REPEATING

"The budget should be balanced. The treasury should be refiled. Public debt should be tempered and controlled, and assistance to foreign lands should be curtailed lest we become bankrupt. The people should be forced to work and not depend on government subsistence."

If you agree with this statement, you are in good company. It was made by Cicero in the year 78 A.D.

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Richard Selzer, M.D. - Noted author of such works as **Confessions of a Knife** and **Mortal Lessons: Notes on the Art of Surgery.**

Richard Gardner, M.D. - Child psychiatrist and leading innovator in his field.

Daniel Callahan, Ph.D. - Philosopher, Director of The Hastings Center, Institute of Society, Ethics, and the Life Sciences.

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